

United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. De CV 778 GMS

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

| | | | | | | | | | |
|---|---|---|--|---|---------------------------------------|-------------------------------------|---|---------------------------------------|---------------------------------|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | | | | | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <u>X ME J</u></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>M. LAMOY</u></p> <p>C. Date of Delivery <u>5-3-07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977</p> <p><u>06-778 GMS</u></p> <p>2. <input type="checkbox"/></p> <p>PS</p> | | | | | | | |
| <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? <input type="checkbox"/> Yes</p> | | | | <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | | | | | | | | |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. | | | | | | | | |
| 102595-02-M-1540 | | | | | | | | | |

